Morton D L

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L5
     ANSWER 7 OF 101
                         MEDLINE on STN
ΑN
     2000048304
                   MEDLINE
DN
     PubMed ID: 10581603
ΤI
     Vaccine therapy for patients with melanoma.
AU
     Haigh P I; Difronzo L A; Gammon G; Morton D L
CS
     Sonya Valley Ghidossi Vaccine Laboratory, John Wayne Cancer Institute,
     Saint John's Health Center, Santa Monica, California, USA.
SO
     Oncology (Williston Park, N.Y.), (1999 Nov) 13 (11) 1561-74; discussion
     1574 passim. Ref: 81
     Journal code: 8712059. ISSN: 0890-9091.
CY
     United States
     Journal; Article; (JOURNAL ARTICLE)
DT
     General Review; (REVIEW)
     (REVIEW, ACADEMIC)
LΑ
     English
     Priority Journals
FS
     200001
EM
     Entered STN: 20000204
ED
     Last Updated on STN: 20000204
     Entered Medline: 20000124
AB
     Investigation into the therapeutic use of vaccines in patients with
     metastatic melanoma is critically important because of the lack of
     effective conventional modalities. The most extensively studied melanoma
     vaccines in clinical trials are whole-cell preparations or cell lysates
     that contain multiple antigens capable of stimulating an immune response.
     Unfortunately, in the majority of studies, immune responses to these
     vaccines have not translated into a survival advantage. Advances in tumor
     cell immunology have led to the identification of candidate tumor cell
     antigens that can stimulate an immune response; this, in turn, has allowed
     for refinements in vaccine design. However, the exact tumor
     antigens that should be targeted with a specific vaccine are
     unknown. The univalent antigen vaccines, which have greater purity, ease
     of manufacturing, and reproducibility compared with polyvalent vaccines,
     may suffer from poorer efficacy due to immunoselection and appearance of
     antigen-negative clones within the tumor. Novel approaches to
     vaccine design using gene transfection with cytokines and
     dendritic cells are all promising. However, the induction of immune
     responses does not necessarily confer a therapeutic benefit. Therefore,
     these elegant newer strategies need to be studied in carefully designed
     clinical trials so that outcomes can be compared objectively with standard
     therapy. If survival is improved with these vaccine approaches,
     their ease of administration and lack of toxicity will firmly entrench
     active specific vaccine immunotherapy as a standard modality in
     the treatment of the melanoma patient.
CT
     Check Tags: Human
     *Cancer Vaccines: TU, therapeutic use
     Melanoma: IM, immunology
     *Melanoma: TH, therapy
     Skin Neoplasms: IM, immunology
     *Skin Neoplasms: TH, therapy
CN
     0 (Cancer Vaccines)
    ANSWER 8 OF 101
L_5
                         MEDLINE on STN
    1999256626
AN
                   MEDLINE
DN
    PubMed ID: 10326694
TI
    Active specific immunotherapy with polyvalent melanoma cell
    vaccine for patients with in-transit melanoma metastases.
ΑU
    Hsueh E C; Nathanson L; Foshag L J; Essner R; Nizze J A; Stern S L;
```

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CS
     Roy E. Coats Research Laboratories, John Wayne Cancer Institute at Saint
     John's Health Center, Santa Monica, California 90404, USA.
NC
     CA12582 (NCI)
     CA29605 (NCI)
     Cancer, (1999 May 15) 85 (10) 2160-9.
SO
     Journal code: 0374236. ISSN: 0008-543X.
CY
     United States
DΤ
     (CLINICAL TRIAL)
     Journal; Article; (JOURNAL ARTICLE)
LΑ
FS
     Abridged Index Medicus Journals; Priority Journals
EM
     199905
     Entered STN: 19990607
ED
     Last Updated on STN: 19990607
     Entered Medline: 19990527
     BACKGROUND: This study was conducted to document the rate, duration, and
AB
     type of objective response to active specific immunotherapy with a
     polyvalent melanoma cell vaccine (PMCV) for patients with
     in-transit melanoma metastases and to identify any acute or chronic toxic
     effects of PMCV treatment. METHODS: An analysis was conducted of all
     in-transit melanoma patients seen at the John Wayne Cancer Institute in
     Santa Monica, California, during the period 1985-1997 who were enrolled in
     prospective PMCV protocols in the absence of other therapies with possible
     antitumor activity (n = 54). Clinical response to PMCV was assessed by
     standard criteria. Survival curves were estimated by the Kaplan-Meier
     method. Toxicity was graded according to the Eastern Cooperative Oncology
     Group standard. RESULTS: PMCV produced a 17% (9 of 54 patients) objective
     response rate with a 13% rate (7 of 54 patients) of complete remission
     (CR). The median duration of CR was >22 months. Complete response
     lasting more than 1 year was observed in 4 patients (7.2%); 1 patient
     remained in remission over 9 years. Median survival was >53 months (i.e.,
     not reached) for responders, 42 months for nonresponders, and 53 months
     overall. Salvage interventions allowed reinduction with PMCV in 23 of 25
     patients, who subsequently remained clinically free of disease for a
     median of 14 months. Overall toxicity was mild, easily tolerable, and did
     not significantly change the quality of life. There were no toxic deaths.
     CONCLUSIONS: PMCV can cause objective complete regression of measurable
     intransit metastatic melanoma with minimal toxicity, and may prolong
     patients' median survival.
CT
     Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
     Cancer Vaccines: AD, administration & dosage
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Cancer Vaccines: AE, adverse effects *Cancer Vaccines: TU, therapeutic use

Melanoma: IM, immunology Melanoma: PA, pathology *Melanoma: TH, therapy Retrospective Studies

Skin Neoplasms: IM, immunology Skin Neoplasms: PA, pathology

*Skin Neoplasms: TH, therapy

Survival Analysis Treatment Outcome

*Vaccination

CN 0 (Cancer Vaccines)

- L5 ANSWER 9 OF 101 MEDLINE on STN
- AN 1999142903 MEDLINE
- DN PubMed ID: 9989797
- TI IgM anti-ganglioside antibodies induced by melanoma cell vaccine correlate with survival of melanoma patients.
- AU Takahashi T; Johnson T D; Nishinaka Y; Morton D L; Irie R F
- CS Department of Biotechnology Sciences, John Wayne Cancer Institute, Santa

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Monica, California 90404, USA.
 NC
      CA12582 (NCI)
      CA30647 (NCI)
      Journal of investigative dermatology, (1999 Feb) 112 (2) 205-9.
 SO
      Journal code: 0426720. ISSN: 0022-202X.
 CY
      United States
      Journal; Article; (JOURNAL ARTICLE)
 DT
 LΑ
      English
 FS
      Priority Journals
      199902
 EM
     Entered STN: 19990311
      Last Updated on STN: 19990311
     Entered Medline: 19990223
     Melanoma cells express ganglioside antigens GM3, GD3, GM2, and GD2 on
AΒ
     their surface. This study examined whether immunization with a melanoma
     cell vaccine induced anti-ganglioside antibody responses in
     melanoma patients and whether these responses were correlated with
     survival. Sixty-six patients who had received melanoma cell
     vaccine immunotherapy after surgical removal of regional
     metastatic melanoma were identified. Cryopreserved serum samples from
     these patients were used in an enzyme-linked immunsorbent assay to
     determine the IgM antibody levels to GM2, GD2, GM3, and GD3 prior to
     melanoma cell vaccine treatment and 4 wk after the first
     melanoma cell vaccine immunization. All antibody levels
     significantly increased by week 4 (p < 0.001 for all four antibodies) and
     all increases were significantly associated with survival (anti-GD2, p <
     0.001; anti-GM2, p = 0.001; anti-GD3, p < 0.001; anti-GM3, p < 0.001).
     Anti-tumor activity of these antibodies was proved using five
     representative antibody-positive sera in a complement-dependent
     cytotoxicity assay with cultured melanoma cell lines. These studies
     suggest that GM2, GD2, GM2, and GD3 expressed by melanoma cells can induce
     specific IgM antibodies and that high levels of these antibodies might
     have a beneficial impact on survival.
     Check Tags: Human; Support, U.S. Gov't, P.H.S.
      Antibodies, Anti-Idiotypic: BL, blood
     *Antibodies, Anti-Idiotypic: IM, immunology
      Antibody Formation
      Cancer Vaccines
      Cytotoxicity, Immunologic
     *G(M2) Ganglioside: IM, immunology
      Immunoglobulin M: BL, blood
     *Melanoma: IM, immunology
      Melanoma: MO, mortality
      Survival Rate
RN
     19600-01-2 (G(M2) Ganglioside)
     0 (Antibodies, Anti-Idiotypic); 0 (Cancer Vaccines); 0 (Immunoglobulin M);
CN
     0 (anti-IqM)
L5
     ANSWER 10 OF 101
                          MEDLINE on STN
ΑN
     1999081274
                   MEDLINE
DN
     PubMed ID: 9865676
TI
     Active immunotherapy with allogeneic tumor cell vaccines: present status.
ΑU
     Chan A D; Morton D L
CS
     Sonya Valley Ghidossi Vaccine Laboratory of the Roy E. Coats Research
     Laboratories, John Wayne Cancer Institute, Saint John's Health Center,
     Santa Monica, CA, USA.
NC
     CA12582 (NCI)
SO
     Seminars in oncology, (1998 Dec) 25 (6) 611-22.
     Journal code: 0420432. ISSN: 0093-7754.
CY
     United States
DT
     Journal; Article; (JOURNAL ARTICLE)
     General Review; (REVIEW)
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(REVIEW, TUTORIAL)
LΑ
     English
     Priority Journals
FS
EM
     199901
ED
     Entered STN: 19990128
     Last Updated on STN: 19990128
     Entered Medline: 19990114
AB
     This review will concentrate on allogeneic vaccines for melanoma The
     important principles of melanoma vaccine effectiveness are
     discussed in detail, followed by a review of the progress of several
     clinical trials investigating allogeneic vaccines. No therapeutic cancer
     vaccine has yet been approved for general use by the US Food and
     Drug Administration. However, much progress has been made in the field of
     vaccine immunotherapy, especially for the treatment of melanoma.
     Active immunotherapy with tumor vaccines is progressing rapidly as an
     emerging option for cancer therapy.
CT
     Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
      Antigens, Neoplasm
     *Cancer Vaccines: TU, therapeutic use
      Clinical Trials
     *Immunotherapy, Active
     *Melanoma: TH, therapy
      T-Lymphocytes, Cytotoxic
CN
     0 (Antigens, Neoplasm); 0 (Cancer Vaccines)
L5
     ANSWER 28 OF 101
                          MEDLINE on STN
     95114398
ΑN
                  MEDLINE
DN
     PubMed ID: 7814879
     Melanoma patients immunized with melanoma cell vaccine induce
ΤI
     antibody responses to recombinant MAGE-1 antigen.
ΑU
     Hoon D S; Yuzuki D; Hayashida M; Morton D L
CS
     John Wayne Institute for Cancer Treatment and Research, Saint Johns'
     Hospital and Health Center, Santa Monica, CA 90404.
NC
     CA-12582 (NCI)
     Journal of immunology (Baltimore, Md.: 1950), (1995 Jan 15) 154 (2)
SO
     730-7.
     Journal code: 2985117R. ISSN: 0022-1767.
CY
     United States
DT
     Journal; Article; (JOURNAL ARTICLE)
LA
     English
FS
     Abridged Index Medicus Journals; Priority Journals
ΕM
     199502
F.D
     Entered STN: 19950217
     Last Updated on STN: 19960129
     Entered Medline: 19950209
     The MAGE-1 gene was recently characterized to encode an immunogenic tumor
AB
     Ag on several types of human tumors, including melanoma. This Ag is
     expressed in a wide variety of human tumors and not in normal cells,
     except testicular tissue, as assessed through specific mRNA analysis.
     this study we cloned the MAGE-1 gene exon 3 region from a colon carcinoma
     cell line and expressed it in Escherichia coli. The recombinant MAGE-1
    protein was affinity purified. By using Western blot analysis, IgG and
     IgM anti-MAGE-1 Abs were detected in the sera of melanoma patients.
     Fifty-three patients immunized with a melanoma cell vaccine
     (MCV) were assessed for anti-MAGE-1 IgG responses by using a MAGE-1
    Ag-specific ELISA. The MCV consisted of three melanoma cell lines that
    expressed MAGE-1. Comparisons of anti-MAGE-1 IgG response pre-MCV
    treatment with 12- to 16-wk post-MCV treatment were made. Fifty-seven
    percent of the patients immunized with the MCV showed significant
    enhancement of IgG response to recombinant MAGE-1 protein. Patients who
    responded had no particular HLA-A or -B allele expression pattern.
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Melanoma patients immunized with whole cell MCV containing MAGE-1 can

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assess patient response to MAGE-1 and will be investigated as a potential
     cancer vaccine against a wide variety of human tumors that
     express MAGE-1.
     Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
CT
      Amino Acid Sequence
     *Antibodies, Neoplasm: BI, biosynthesis
     *Antigens, Neoplasm: IM, immunology
      Base Sequence
      Blotting, Western
      Enzyme-Linked Immunosorbent Assay
      HLA-A Antigens: IM, immunology
      Immunoglobulin G: BI, biosynthesis
     *Melanoma: IM, immunology
      Molecular Sequence Data
     *Neoplasm Proteins
      Polymerase Chain Reaction
      Recombinant Proteins: IM, immunology
     *Vaccines: IM, immunology
     0 (Antibodies, Neoplasm); 0 (Antigens, Neoplasm); 0 (HLA-A Antigens); 0
CN
     (Immunoglobulin G); 0 (MAGEA1 protein, human); 0 (Neoplasm Proteins); 0
     (Recombinant Proteins); 0 (Vaccines)
GEN MAGE-1
L5
     ANSWER 25 OF 101
                          MEDLINE on STN
AN
     96285389
                  MEDLINE
     PubMed ID: 8673695
DN
ΤI
     Vaccine therapy for malignant melanoma.
AU
     Morton D L; Barth A
     John Wayne Cancer Institute, Saint John's Hospital and Health Center,
CS
     Santa Monica, California, USA.
NC
     CA 12562 (NCI)
     CA29605 (NCI)
SO
     CA: a cancer journal for clinicians, (1996 Jul-Aug) 46 (4) 225-44. Ref:
     Journal code: 0370647. ISSN: 0007-9235.
CY
     United States
     Journal; Article; (JOURNAL ARTICLE)
     General Review; (REVIEW)
     (REVIEW, TUTORIAL)
LΑ
     English
FS
     Abridged Index Medicus Journals; Priority Journals
EM
     199608
     Entered STN: 19960822
ED
     Last Updated on STN: 19970203
     Entered Medline: 19960809
     Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
CT
     Combined Modality Therapy
     *Immunotherapy, Active
      Interferon Alfa-2b: TU, therapeutic use
      Melanoma:
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enhance anti-MAGE-1 IgG Absolute Recombinant MAGE-1 protein can be used to

=> d his

(FILE 'HOME' ENTERED AT 08:35:20 ON 08 SEP 2004)

	FILE	'MEDL	IN	E' ENTERED AT 08:35:27 ON 08 SEP 2004
L1		0	S	ALLOTYPE AND MORTON/AU
			Ε	MORTON D L/AU
L2		529	S	E3
L3		0	S	ALLOTYPE AND L2
L4		0	S	MHC AND L2
L5		101	S	VACCINE AND L2
L6		0	S	ENVELOPE AND L5
L7		0	S	ENVELOPE AND L2
$\Gamma8$		0	S	PLUPRIPOTENT